

ADMINISTRATIVE OFFICE OF THE TRIAL COURT

Request For Interpreter

(Please type or print clearly)

Office of Court Interpreter Services (A.O.T.C.) 888-409-6225 Fax: 617-367-9293

Massachusetts Commission Deaf & Hard of Hearing 617-740-1600 and 800-882-1155 Fax: 617-740-1880

Court Name: _____

Report To: _____
Name Department

Language Requested: _____
(Enter Country of origin if language is unknown)

Date Needed: _____ **Time:** _____ **For:** <2hrs <4hrs All Day

Name of Case: _____
(First) (Last)

Docket #: _____

Offense/Case Matter: _____
(Do Not Abbreviate)

Type of Proceeding: _____
(Do Not Abbreviate)

To Assist (Name): _____
Defendant Victim Witness Parent Plaintiff

A.D.A./Attorney: _____ **Phone:** _____

Defense Attorney: _____ **Phone:** _____

Judge's Authorization: _____

Today's Date: ____/____/____ **By:** _____ **Phone:** _____ **Ext.:** _____
(Court Liaison) **Fax:** _____

Via: Fax Mail Phone (Spoke w: _____ on ____/____/____)

SECTION BELOW TO BE COMPLETED BY PROVIDER

CONFIRMATION

Date: _____ **By:** _____

Interpreter's Name: _____